

# Employee Checklist for Leave of Absence

*Any Employee who uses 5 or more consecutive sick days MUST request a Leave of Absence & provide the required documentation to the Director of Human Resources in a timely manner*

**This form is for EMPLOYEE use only.**

<input type="radio"/> <hr style="width: 50%; margin: 0 auto;"/> date	<p><b>Inform your Principal/Supervisor, and Director of Human Resources</b> that you need to be out for your own serious medical reason (surgery, illness) or if you are eligible for FMLA, to care for an immediate family member (child, spouse, parent).</p> <p><b>OR</b></p> <p><b>Inform your Principal/Supervisor, and Director of Human Resources</b> that you may be out for another reason, <u>not</u> due to your own serious medical reason. You will be expected to provide documentation to support your need for a leave of absence.</p>
<input type="radio"/> <hr style="width: 50%; margin: 0 auto;"/> date	<p><b>Fill out the Clay Community Schools Request for Leave of Absence form and return to:</b></p> <p>Director of Human Resources          Central Office          1013 S. Forest Ave.          Brazil, IN 47834</p>
<input type="radio"/> <hr style="width: 50%; margin: 0 auto;"/> date	<p><b>Your physician MUST fill out the U.S. Department of Labor forms certifying the medical need for a FMLA and approximate time of return.</b> This form should be returned to:</p> <p><b>OR</b></p> <p><b>Your physician MUST fill out the CCS Certification of Health Care Provider form certifying the need for a Medical Leave and approximate time of return.</b> (Non-FMLA)</p> <p>This form should be returned to:</p> <p>Director of Human Resources          Central Office          1013 S. Forest Ave.          Brazil, IN 47834</p> <p>Or Faxed to:          (812) 442-0849 ATTENTION: Director of Human Resources</p>
<input type="radio"/> <hr style="width: 50%; margin: 0 auto;"/> date	<p><b>Update Supervisor and Director of Human Resources every <u>2-4 weeks</u></b> of intended date to return to work.</p>
<input type="radio"/> <hr style="width: 50%; margin: 0 auto;"/> date	<p><b>Provide documentation to your Supervisor and Director of Human Resources <u>from your physician every 30 days</u></b> certifying your continued medical need for FMLA or Medical Leave and approximate time of return.</p>
<input type="radio"/> <hr style="width: 50%; margin: 0 auto;"/> date	<p><b>“Released to Return to Work Without Any Restrictions”</b> from your physician is <b>REQUIRED</b> prior to your return to your position.</p> <p><b>**Be sure the date on the release form is the actual date you will return to work.</b></p>
<p>► It is your responsibility to provide doctor’s slips for days of work missed that should be coded as FMLA/Medical Leave to our Payroll Clerk at Central Office, Mary Mershon. Mary documents the official reason for absences that affect your attendance evaluation.</p>	